

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W.A		06/19/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943	6-29-1
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	2/6/02	
2	✓	2/6/02	
3	✓	2/6/02	
4	✓	2/6/02	
5	✓	2/6/02	
6	✓	2/6/02	
7	✓	2/6/02	
8	✓	2/6/02	
9	✓	2/6/02	
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46	✓	2/6/02	
47	✓	2/6/02	
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49	✓	2/6/02	
50	✓	2/6/02	

Claim	Final	Original	Date
51	✓	2/6/02	
52	✓	2/6/02	
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56	✓	2/6/02	
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98	✓	2/6/02	
99	✓	2/6/02	
100	✓	2/6/02	

Claim	Final	Original	Date
101			
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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